PTO/SB/22 (12-04)

Under the Paperwork	k Reduction Act of 1995, no persons are required	U.S. Patent and	Trademark Office: U.S.	DEPARTMENT OF COMMERCE lisplays a valid OMB control number.
RETITION FOR	EXTENSION OF TIME UNDER 3		Docket Number (
MOEMARK	FY 2005		313	632000600
	the Consolidated Appropriations Act, 2	· · · · · ·	<u> </u>	1000
Application Numb	per 09/284,107		Filed	October 7, 1997
For METHODS AND MEANS FOR SELECTING PEPTIDES AND PROTEINS HAVING SPECIFIC AFFINITY FOR A TARGET				
Art Unit 163	39		Examiner	T. Wessendorf
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):				
The requesied ex	(CUSION SHO ICE are as ionows (one.	_		,
One	month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fe \$60	<u>se</u> \$
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	months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
Three	e months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four	months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
Five	months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant	claims small entity status. See 37 C	TER 1 27		
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is attached.				
The Direct	tor has already been authorized to c	harge fees in this a	application to a Dep	posit Account.
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-1952 I have enclosed a duplicate copy of this sheet. Fee Transmittal form (PTO/SB/17) is attached to this submission in duplicate.				
I am the	applicant/inventor.			
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
L	attorney or agent of record. R	tegistration Number	r	
x	attorney or agent under 37 CF	FR 1.34.		
	Registration number if acting un	. /	51,804	
	Manu X,	KHU -	Janı	uary 7, 2005
	Signature /	· ·		Date
	Laurie L. Hill			3) 720-7955
	Typed or printed name		Telepi	hone Number
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.				
X Total of	1 forms are submit	tted.		

01/11/2005 AWONDAF1 00000066 031952 09284107

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